

**Certificate of Insurance for
Closure or Long-Term Care**
For Use by Hazardous Waste Facilities
Form 4430-026 (R 8/06)

Name and Address of Insurer (herein called the "Insurer"): _____

Name and Address of Insured (herein called the "Insured"): _____

Facilities Covered: [List for each facility: The EPA Identification Number, name, address, and the amount of insurance for closure and/or the amount for long-term care (these amounts for all facilities covered must total the face amount shown below).]

Face Amount: Policy Number: _____

Effective Date: _____

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for _____
(insert "closure" or "closure and long-term care" or "long-term care")

for the facilities identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of ss. NR 664.0143(5), 664.0145(5), 665.0143(4) and 665.0145(4), Wis. Adm. Code, as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Wisconsin Department of Natural Resources (the Department), the Insurer agrees to furnish to the Department a duplicate original of the policy listed above, including all endorsements thereon.

(Authorized signature for Insurer)

(Name of person signing)

(Title of person signing)

(Signature of witness or notary)